

June 4, 2004

M E M O R A N D U M

TO: King County Fire Chiefs and Training Officers
King County EMTs and Paramedics

FR: Mickey Eisenberg, MD, Medical Program Director
Mike Helbock, BLS Training Section Manager
Linda Culley, Community Programs Section Manager

RE: 2004 Revisions to Criteria Based Dispatch Guidelines

The King County Criteria Based Dispatch (CBD) Guidelines have been revised and will go into effect June 20, 2004. This memo will inform you of the changes. The revisions are relatively minor but we want you to be aware of them since the impact may redistribute some EMS calls to the most appropriate level of care, meaning there may be patients that will no longer receive an ALS response and will be dispatched as BLS only. Dispatch centers also continue to refer non-urgent calls to 9-1-1 to the Telephone Referral Program (consulting nurse line). Approximately 800 calls per year in King County are handled in this way with no EMS response.

The King County Dispatch Review Committee (DRC) and the EMS Division conducted a review of the CBD Guidelines over the last 18 months. The DRC includes representatives from dispatch, BLS and ALS providers in King County. The revisions are for King County, outside the city of Seattle. Data for each dispatch criterion was reviewed, including annual call volume, level of response, transport data, code greens and request from scene. The King County Medical Directors approved the new guidelines in November, 2003. Attached is a one page summary of the 2004 CBD Revisions that will impact EMS Providers, with a few appendices.

This memo and attachments will be posted on the CBT website by June 10th. All EMTs and paramedics are asked to review the materials online prior to June 20th. The review of the materials should take no longer than 15 minutes or less. If you have additional questions regarding these dispatch revisions, please contact EMS Division staff Cleo Subido, 206-296-4559, or Linda Culley, 206-296-4956.

Cc: Thomas Hearne, EMS Division Manager
Cleo Subido, EMD Program Manager
DRC Committee

Emergency Medical Services

999 3rd Avenue, Suite 700 • Seattle, WA 98104-4039
T (206) 296-4693 (V/TDD) F (206) 296-4866 • www.metrokc.gov/health



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2004 Revisions to Criteria Based Dispatch Guidelines

1) **New Pediatric Emergencies Card** (See *CBDrevs5-04.pdf – Pediatric Emergencies*) – A new card has been added to the guidelines to include criteria to address most pediatric medical emergencies.

2) **Signs of Shock** (three required) (See *CBDrevs5-04.pdf – Abdominal/Back/Groin Pain*)

- Diaphoresis
- Syncope/near syncope when sitting/standing
- Pale, clammy skin
- Nausea

Previously, only two signs of shock were required to dispatch ALS. This change may result in medic units no longer being dispatched initially on some patients. The effects the following Chief Complaint cards: Abdominal/Back Pain (1M2), Allergic Reaction (2M5), Animal Bites (3M6), Bleeding/Non-traumatic (4M2), Diabetic (9M4), Environmental Emergencies (10M4), Pregnancy/Childbirth/Gyn (15M3), Falls/Accidents (24M4), MVA (25M6). Criteria for Chest Pain (7M6) and Sick (Unknown)/Other (17M5) will remain as two signs of shock required for a medic response.

3) **Respiratory Infection Screening** (See *CBDrevs5-04.pdf – Breathing Difficulty*)

A series of interrogation questions for screening for respiratory infection are included on the following Chief Complaint cards, Breathing Difficulty and Sick (Unknown)/Other. If infection is suspected, the dispatcher will advise respiratory protection for responding units.

4) **Epi Pen Use** (See *CBDrevs5-04.pdf*)

A new criteria has been added to the following Chief Complaints, Allergic Reaction (new 2M6) and Breathing Difficulty (new 5M4). This criteria requires an ALS response if an Epi pen has been used by a patient or reporting party prior to arrival of EMS.

5) **POLST Orders** (See *CBDrevs5-04.pdf – Cardiac Arrest*)

The EMS/No CPR bracelets and orders are no longer in effect. DOH now issues forms for Physicians Orders for Life Sustaining Treatment (POLST). In cases of cardiac arrest, if the dispatcher can confirmed a POLST Orders on the premises (new 6R2), a BLS unit only will be dispatched. BLS personnel should evaluate upon arrival and request ALS units only if POLST orders cannot be validated.

6) **Rapid Heart Rate, 7M5 and 7R3** – (See *CBDrevs5-04.pdf – Chest Pain/Discomfort/Heart*)

A review of the data showed that the previous “7R3 Rapid and/or irregular heart rate” criterion may have caused us to miss cases of tachycardia which should have received an ALS response. Criteria were revised as follows:

7M5 Rapid heart rate/palpitations with history of same, with or without chest pain
7R3 Rapid heart rate/palpitations, without history

7) **Complications of Childbirth** (See *CBDrevs5-04.pdf – Pregnancy/Childbirth/GYN*)

A new code was added, 15M6 Complications: Breech, abnormal presentation to make certain ALS is dispatched for these serious medical issues.

8) **Seizure secondary to head injury** (See *CBDrevs5-04.pdf – Seizures*)

16M8 on the Seizure card now reads “secondary to head injury within the last 24 hours”. Previous wording “secondary to recent head injury” was considered too subjective.

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